

**MISSOURI DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
State Public Health Laboratories**

LABORATORY NUMBER

**RECREATIONAL/ENVIRONMENTAL WATER  
ANALYSIS FOR BACTERIA**
**DATE SAMPLE COLLECTED**

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**SAMPLE COLLECTED BY (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)**

NAME

AGENCY

ADDRESS

ADDRESS

CITY

STATE

ZIP

TELEPHONE

( )

FAX

( )

**POINT OF SAMPLE COLLECTION**

OWNER'S NAME

TELEPHONE NUMBER

( )

FACILITY NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

COUNTY

GPS LATITUDE

GPS LONGITUDE

**SAMPLE COLLECTED FROM**

<input type="checkbox"/> <b>SWIMMING POOL</b>	<input type="checkbox"/> DEEP	<input type="checkbox"/> <b>BATHING BEACH</b>	<input type="checkbox"/> DEEP 6'
	<input type="checkbox"/> SHALLOW	LOCATED AT A:	<input type="checkbox"/> SHALLOW 3'
<input type="checkbox"/> WADING POOL		<input type="checkbox"/> LAKE	
<input type="checkbox"/> SPA or HOT TUB		<input type="checkbox"/> POND	
<input type="checkbox"/> WATER SLIDE		<input type="checkbox"/> RIVER	
<input type="checkbox"/> OTHER (Identify) _____		<input type="checkbox"/> OTHER (Identify) _____	
<input type="checkbox"/> <b>ZOO WATER</b>	LOCATION _____		
<input type="checkbox"/> <b>NON-RECREATIONAL WATER</b>	TYPE _____		

**TEST(S) REQUESTED**
**ROUTINE**

- ☐ TOTAL COLIFORM and E. coli COUNT  
☐ HETEROTROPHIC PLATE COUNT

**SPECIAL REQUESTS (MUST CONTACT LAB)**

- ☐ FECAL COLIFORM COUNT  
☐ STAPHYLOCOCCUS COUNT  
☐ PSEUDOMONAS

**Sample must be received in the laboratory within 48 hours after collection.  
Please Press Firmly.**